

# STATUS CHANGE APPLICATION (FROM INACTIVE TO ACTIVE / CURRENT)

3/2006

*Any licensee who desires to change the status of their license from Inactive to Active shall notify the Board in writing **prior to** any actual practice in Alabama. Failure to comply with this requirement may constitute unprofessional conduct as provided in rule 190-X-5-.05.*

PLEASE TYPE OR PRINT

FULL NAME \_\_\_\_\_

AL LICENSE # \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

Projected start date of practice in Alabama \_\_\_\_\_

1. Submit a letter outlining any places of practice since your Alabama license was place in INACTIVE STATUS.
2. Submit the fee of \$100 to change your status to ACTIVE / CURRENT
3. Return renewal card for replacement card to reflect change in status.

Send documentation and fee to the:

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS  
102 CHILTON PLACE  
CLANTON, AL 35045

Upon receipt of this application and necessary documentation, the Alabama State Board of Chiropractic Examiners will review your file. You will be contacted if additional information is required.

If you have any questions please contact 1-800-949-5838.

## FOR OFFICE USE ONLY

App Review Date \_\_\_\_\_

Receipt # \_\_\_\_\_ Amt: \_\_\_\_\_

Determination \_\_\_\_\_

Comments \_\_\_\_\_

# **STATUS CHANGE APPLICATION (FROM INACTIVE TO ACTIVE / CURRENT)**

3/2006

## **LICENSE DISCIPLINARY ACTION / BACKGROUND INFORMATION**

1. Has your license(s) ever been refused \_\_\_\_\_suspended \_\_\_\_\_ cancelled \_\_\_\_\_  
revoked \_\_\_\_\_ in any state or jurisdiction? If checked, attach a separate sheet of  
explanation to this application.
2. Have you ever been convicted of a felony or crime which involves moral turpitude?  
\_\_\_\_\_ If so, attach a separate sheet of explanation.
3. Is any criminal prosecution pending against you in any state, province or federal  
court? \_\_\_\_\_ If so, attach separate sheet of explanation.
4. Are there charges pending against you for violation of any state chiropractic law and /  
or rule \_\_\_\_\_ If so, Where? \_\_\_\_\_

I, the undersigned, hereby authorize the Alabama State Board of Chiropractic Examiners to request an investigative report and a request for information under the Freedom of Information Act as the Board deems necessary. I understand that these reports will remain confidential and be used only in connection with my application for status change from INACTIVE to ACTIVE / CURRENT.

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SIGNATURE OF APPLICANT

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DATE